



McHenry County
Department of Planning and Development

OFFICE: McHenry County Admin. Bldg.
667 Ware Road, Woodstock, Illinois

MAIL: 2200 N. Seminary Ave.
Woodstock, Illinois 60098



Community Development
Division

www.mchenrycountyil.gov/cd

Ph: 815-334-4560 Fax: 815-334-4608
mchenrycountycomdev@mchenrycountyil.gov

Small Business Stabilization Program

Pre-Application

This form is being used to collect information regarding microenterprise businesses in McHenry County that are in need of grant assistance. Please refer to the program details and forms listed online in order to assure eligibility for the program – www.mchenrycountyil.gov/SmallBusinessStabilization.

Please submit all Pre-applications and questions via email to Andrew Stuckey, Community Development Specialist, at ACStuckey@mchenrycountyil.gov

Applicant Information:

First Name

Last Name

Title

Email

Phone

Legal Business Name or Proposed Business Name:

Fictitious Business Name (Doing Business As):



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I. Eligibility

1. Applicants must be an existing microenterprise, meaning they have five or fewer employees, including the owner, at the time of application. Does your business meet this requirement?

☐ Yes ☐ No

2. Applicants must be a private for profit business that is legally operating within McHenry County. Non-profit entities are not eligible for microenterprise funds. Does your business meet this requirement?

☐ Yes ☐ No

IF YOU ANSWERED 'NO' TO EITHER OF THE ABOVE QUESTIONS, YOUR BUSINESS WILL NOT QUALIFY FOR THE MICRO-ENTERPRISE PROGRAM.

3. Based on these income limits below, please note whether you will qualify. Check all that apply:

- ☐ The Owner's household income (including all adults) is below the income limits below, as determined from the **LMI Eligibility Guide**
- ☐ The business is located within a Low-to-Moderate Income Area (LMA) that is listed on the **LMA Eligibility Guide**
- ☐ The funding will retain at least one full-time equivalent position for a person from a Low-to-Moderate Income (LMI) household, as defined in the **LMI Eligibility Guide**, who is at imminent risk of job loss without the funding
- ☐ The funding will newly hire at least one full-time equivalent position for a person from a Low-to-Moderate Income (LMI) household, as defined in the **LMI Eligibility Guide**

IF YOU DID NOT CHECK ANY BOX ABOVE, YOUR BUSINESS WILL NOT QUALIFY FOR THE MICRO-ENTERPRISE PROGRAM

Low-to-Moderate Income (LMI) Limits

Household Size	1	2	3	4	5	6	7	8
Income	\$51,000.00	\$58,250.00	\$65,550.00	\$72,800.00	\$78,650.00	\$84,450.00	\$90,300.00	\$96,100.00



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II. Business Details

Federal Employer Identification Number (FEIN):

Dun & Bradstreet Number (DUNS):

Main Business Address or Headquarters:

Street Address

City/Town

State/Province

ZIP/Postal Code

County

Commercial location? ☐ Yes ☐ No

Date Business Started:

Number of Current Employees (including owner):

Type of Industry:

**Description of primary product/service:**[illegible]

Organization type:

- ☐ Independent worker (contractor, freelance, gig worker, no employees)
- ☐ Privately held business with employees
- ☐ Franchised business operation
- ☐ Publicly traded corporation

Ownership (Check all the apply):

- ☐ Locally-owned (in McHenry County)
- ☐ Out-of-County owned
- ☐ Out-of-State owned
- ☐ Publicly traded company
- ☐ Minority or Person of Color-owned (at least 51% minority owned)
- ☐ Women-owned (at least 51% women owned)

Annual Gross Business Revenue:

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Current Outstanding Business Debt:

Please List:

Date Debt Incurred	Debt Type (i.e. Loan, line of credit)	Source	Amount	Purpose/Use



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Current Business Expenses per Month: (projected based on last 2 weeks of obligated expenses)

Monthly lease/mortgage cost:

Monthly utility costs:

Monthly debt payments:

Monthly insurance costs:

Monthly payroll costs:

Monthly cost of goods:

Other:

TOTAL:

**Current Business Revenue per Month:
(projected based on last 2 weeks)**



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III. Funding Request

Amount of Grant Funds Requested: (Maximum \$5,000)

In what ways, if any, has your business been impacted by COVID-19? Please describe.

What is your reason for seeking funding? What needs does your business currently have? Please describe.



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Please explain your efforts in securing other public funding (i.e. Federal, State, municipal) for the needs described, especially any relating to the effects of COVID-19.

Please explain your efforts in exhausting private funding options (i.e. banks, credit unions) for the needs described, especially any relating to the effects of COVID-19. If private funding has not been pursued, please justify why private funding is not feasible for your business at this time.



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Have you pursued other funding, whether public or private, for any other needs in the last year (including COVID-19)?

Please explain how you plan to utilize the funds to support, stabilize, or sustain your business. Include as detailed of information as possible regarding areas and amounts of spending (i.e. payroll, equipment, training).



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Please describe your 3-year plan for your business, including goals, growth, and sustainability.

Please describe your business philosophy, experience level, and personal strengths/talents, and how those may guide your business through adversity.



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Is there anything else you would like us to know?



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IV. Statement of Understanding

- ☐ I certify that I have the authority to apply for this program on behalf of the business described herein.
- ☐ I certify that the funding will be used for business purposes only and not for household, personal, or consumer usage.
- ☐ I understand that I may be asked to provide additional information in order to process this application.
- ☐ I certify that by submitting this form, I give McHenry County permission to contact me regarding my application, as well as to request additional documentation or information not yet referenced, for the purpose of determining eligibility for the program.
- ☐ I understand that eligibility does not guarantee aid, and that funding is limited.
- ☐ I understand that any willful misrepresentation on this statement could result in disqualification from program funding
- ☐ I understand that any willful misrepresentation on this statement could result in a fine and/or imprisonment under provision of the United States Criminal Code U.S.C. Title 18, Section 1001.
- ☐ I certify that the information contained in this application is true, complete and correct to the best of my knowledge, and that incomplete applications will not be considered.

Printed Name of Owner/Authorized Signer

Date

Signature of Owner/Authorized Signer

Date